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Bib Data Sheet

CONFIRMATION NO. 1454

SERIAL NUMBER 09/351,934	FILING DATE 07/12/1999 RULE	CLASS	GROUP ART UNIT 2154	ATTORNEY DOCKET NO. 660082-524M
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APPLICANTS
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**** CONTINUING DATA ******* *NO EC*

**** FOREIGN APPLICATIONS ******* *No EC*

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 08/04/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ID	SHEETS DRAWING 9	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) condition met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>EC</i>				

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TITLE
MANAGING REDUNDANT ELECTRONIC MESSAGES

FILING FEE RECEIVED 1168	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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